

Comfort One Data Form

An Alaska Comfort One Card and F	Form have been issued under the number listed above.	
Patient's home zip code:		
		 000000
	comfort ONE (R)	
	Comfort One Bracelet Record	
An Alaska Comfort One bracelet ha	as been issued under the number listed above.	
Date:	Regional Office:	
	Corresponding Comfort One Data Form Received Patient has corresponding Identification Card	
	ication Card - <u>Detach and Put in Wallet</u>	
This individual has been accepted into the	Comfort One program.	
The Comfort One status of the patient may the attending physician, at any time.	be revoked, by the patient or	

Important:

If emergency medical services personnel, or other health care providers, do not see this wallet card, a **Comfort One** form or a **Comfort One** bracelet, they will attempt to resuscitate the identified patient in accordance with their standard policies and procedures.

Southeast Region EMS Council, Inc. P. O. Box 259 Sitka, AK 99835

Bring or mail with \$14.30 payment to:

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For a COMFORT ONE patient, Alaska health care workers will not start CPR and will stop CPR if it was initiated.

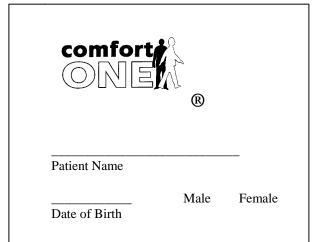
Recommendations to Health Care Workers:

Appropriately trained and equipped health care workers **may** provide comfort care to the do not resuscitate patient by:

Suctioning the airway
Administering oxygen
Assisting the patient to a comfortable position
Providing emotional support
Contacting hospice, home health agency, or attending physician
Providing pain medication (advanced life support personnel with standing orders)

Health care workers should not:

Use advanced airway devices, such as an ET tube or multilumen airway
Initiate cardiac monitoring
Administer cardiac resuscitation drugs
Defibrillate
Provide ventilatory assistance



Sample Form

** Revocation ***	
status of the patient may be revoked by the n the front of this card or by the attending ne.	
e & Telephone Number	-
ephone Numbers	-